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HOW TO PROCURE SLEEP.

WHEN Martial drew that celebrated picture of a happy life, in which he has accumulated every circumstance of ease—the estate not earned, but inherited—good health—a cheerful wife—and friends of one's own station, he did not forget the *somnus qui faciat breves tenebras*. Without sleep, the period of darkness is long indeed; or, as Madame de Sévigné expresses it, there are twelve hours in the day, and fifty in the night.

Perhaps Abernethy's recipe for curing the gout, by living on a shilling a day, and working for it, might prove equally efficacious against watchfulness; but the remedy is far from being a popular one. Hence, in all ages, the rich and luxurious, unwilling to purchase repose by exertion, have harassed physicians with demands for sleep; and the list of prescriptions for the wakeful is endless.

Dr. Binns, who has lately published an amusing work on the subject,\* thinks that medicinal narcotics were preceded by other means. "The murmur of the ocean, the warbling of birds, the voice of woman, the melody of flutes, the monotonous fall of water, the narration of fables, and the luxurious prostration of the warm bath, were, at the earlier periods of human history, and are even now, in the East, resorted to, to procure oblivion of existence."

However this may be, it is certain that much more powerful narcotics have been employed from very remote ages. Wine is as ancient as the flood, and opium probably not much younger than the poppy.

Dr. Thomas Young, in the list of *materia medica* with which he has enriched his "Medical Literature," has divided narcotics into three classes. In the first, among narcotics of undoubted power, there are two which one is surprised to see there—musk, and the syrup of the red poppy. In the second are camphor, digitalis, wine, and rectified spirit. In the third, we find lettuce, the smoke of stramonium, *calor modicus*, and *frigus summum*. We have not the book before us, and do not recollect whether *cocculus indicus* is in either of the classes; but perhaps it may be considered as included under the head of *porter*, which occurs in the third. Last of all, in a parenthesis by itself, we find ("counting 1000, or rather, 100 respirations").

\* "The Anatomy of Sleep; or the art of procuring sound and refreshing slumber at will. By Edward Binns, M.D., &c."

This counting is in principle the same as several other methods of inducing sleep by monotony:

*Fontesque lymphis obstrepunt manantibus,  
Sonnos quod invitet leves.*—HOK., *Epod.* ii. 27.

Among the remedies for watchfulness, Darwin gives, in his *Zoonomia*, "an uniform sound, as of a pausing drop of water, or the murmur of bees." "From the remotest ages," says Dr. Binns, "poets have celebrated the murmur of brooks, the waving of a field of corn, the ceaseless splash of ocean, the whispering of groves, the hum of bees, in short, monotonomism, as incitements to repose; while the venerable Wordsworth adds, the continued passage of a flock of sheep, the passing of a herd of oxen, a flight of birds, and even the ocean, as he styles it, 'a grand monotonous idea.'"

Boerhaave, again, in a case of wakefulness, ordered water to be placed near the patient, so as to drop into a brass pan. Dr. Willich, who wrote some forty years since, knew that sleep was promoted by "gently and uniformly affecting one of the senses; for instance, by music or reading." Mr. Macnish often coaxed himself to sleep by repeating some well-known rhyme half a dozen times; and a gentleman, in the town of Milford, has learned to fall asleep at will, by fixing his eyes in one direction for a few minutes.

Dr. Elliotson knows a lady who often remains awake till her husband rubs her foot; and to many persons the having their hair combed is a soporific. John Philips, the poet, delighted, when a boy, to have this office performed for hours together; and Isaac Vossius was so critically curious in combing, that he preferred its performance rhythmically. He liked to have it done by barbers or other persons skilled in prosody, so that their pectinating movements might imitate iambs, trochees, &c., to his great delight. In these cases, reverie, rather than sleep, was produced; but in other instances the effect is that of a simple narcotic. Thus, Sir John Rennie, the architect, was regularly put to sleep by having the hair at the back of his head combed, and rubbed with the palm of the hand. In the West Indies, persons are often lulled to sleep by fanning, which is generally performed, says Dr. Binns, with a leaf of the *Coccoloba uvifera*, or seaside grape. Here, again, the monotonous waving of the fan withdraws the attention of the patient from all disturbing thoughts, and from all external objects, save itself, and thus produces that one-toned impression which is inevitably and speedily followed by sleep.

"As the immediate cause of sleep," says Dr. Darwin, "consists in the suspension of volition, it follows that whatever diminishes the general quantity of sensorial power, or derives it from the faculty of volition, will constitute a remote cause of sleep; such as fatigue from mental or muscular exertion, which diminishes the general quantity of sensorial power; or by an increase of the sensorial power, as by attending to soft music," &c.—(*Zoonomia*, Vol. I., sect. 20, xviii.)

When we are told to procure sleep by an effort of volition, as, for instance, by imagining that we hear the murmur of an overshadowed foun-

tain, or see the waving of a field of corn when ruffled by the evening breeze, the plan seems in direct contradiction to Darwin's theory that the immediate cause of sleep is the suspension of volition. But, in truth, though it might require a powerful effort of the will to withdraw the mind from its ordinary anxieties to these agreeable images, yet when it is once engaged in them, volition yields to sensation; just as it may demand much exertion to climb a garden wall, yet the labor once achieved may be rewarded by repose among flowers.

Perhaps the faculty of voluntary sleep possessed by some few men may consist in the power of instantaneously abstracting the mind from all but the most monotonous stimuli. Thus Napoleon, according to Bourrienne, fell asleep in an instant, while sitting by the side of Alexander, of Russia, and witnessing the representation of the Cid. Sir William Cockburn, of Bath, is likewise said to enjoy this faculty.

The removal of irritation or stimulus ranks next to monotony, or, perhaps, above it, as a means of procuring sleep. Thus the Chinese recommend us to divest the mind of all unpleasant images, a counsel which we have touched on above, as the necessary preliminary to the uniform flow of agreeable ones.

Dr. Franklin's advice to a young lady on the art of procuring pleasant dreams, is chiefly grounded on the removal of uneasy physical impressions. Chiefly, we say, for he also recommends her to have a good conscience. He discountenances hearty suppers after full dinners; speaks of the disposition of the pillow; and advises the limbs to be placed so as not to press one another inconveniently, as, for instance, the ankles; for the resulting uneasiness may come on during sleep. The whole of the letter, which bears the stamp of Franklin's distinguished good sense, may be considered a valuable contribution to the art of going to sleep, as well as of sleeping soundly. His recommendation of having two beds, one to be used when the other grows hot, is judicious, and might be followed by many with advantage, in sultry weather.

Under this head we might mention the proposal of Dr. Beddoes. He thought it better to cause sleep by abstracting stimuli than by exhausting excitability, and accordingly proposed to place the wakeful patient in an atmosphere containing a diminished proportion of oxygen, and to let in common air when he was asleep.

Dr. Binns very properly insists on removing several sources of irritation or discomfort, as a preliminary to sleep. Thus the body may be sponged and then rubbed with a coarse towel before retiring to rest. The friction will certainly be beneficial, but we question whether the sponging and consequent evaporation is desirable for a delicate patient in cold weather. This general recommendation of sponging in England has arisen, no doubt, from our singular neglect of bathing. But why not supply the defect?

If sleep is prevented by cold feet, put a blanket at the bottom of the bed, between the sheets; or rub the feet with a wet towel, and then put on worsted socks.

The bed-room should be large and airy, and in winter must have a fire. Dr. Binns thinks it a remnant of "barbaric ignorance" to go from a sitting-room heated to seventy or eighty degrees to a bed-room where water

freezes. But, in the first place, we should call it more than a *remnant* of ignorance to heat the drawing-room to seventy or eighty of Fahrenheit: secondly, the sleeper is under more favorable circumstances for retaining caloric in bed, than on his Trafalgar chair; and thirdly, in comfortable families, who enjoy the

*Mundus victus, non deficiente crumena,*

fires in bed-rooms are very usual.

Dr. Binns talks of savings in the doctor's and the butcher's bill, through this additional warmth; but at this end of the island the coal-merchant's account is an object of more terror to the humble middle-class man than he imagines. We are of opinion that the *calor modicus* in another form is an excellent expedient; a warm bath, at 90 or 96 degrees, for twenty minutes, will soothe many a watcher into sleep.

On the other hand, in very hot weather, a cold bath, and especially the agreeable fatigue produced by swimming, will be of service:—

*Ter uncti*

*Transnanto Tiberim, somno quibus est opus alto.—HOR., Sat. ij. l. 7.*

Or the cheerful glass mentioned in the next line, in all its varied forms, from a goblet of Lafitte to an Oxford night-cap, may produce the wished-for end; but obviously is more liable to be abused than the other remedies.

"After supper walk a mile," says the old adage; and this, too, may be considered a narcotic. Several of these expedients, however, demand some little exertion on the part of the *dormiturient*; and it is difficult to persuade easy self-indulgent people to put their own shoulders to the wheel, however urgent the occasion, or however manifest the benefit; they wish their snuffers to be not only patent, but self-acting.

It is in one of Mackenzie's novels, we believe, that an agreeable incident is given, which we have seen quoted somewhere as an example of sleep produced by monotony, but which we should explain differently. The hero, having come to London, is so excited by the noise, that he is unable to sleep, until he accidentally touches his buckle, which is lying on the table. The twanging sound produced reminds him of the voice of his aunt in the country, and volition is immediately suspended, as Darwin might have said. We should refer the effect, not to the hum elicited, which could neither have been long nor loud, but to the power of association, which, by transporting him to his native village, freed him from the noises around, and delivered him up to the dominion of a single sensation.

Let the bad sleeper, then, endeavor to supply the place of this harmonious buckle; and instead of meditating on bad debts and the income-tax, the recent flight of his apprentice and his own incipient bronchitis, let him conjure up the farm-house in which he was born, the gayest scenery of the countries he has visited, or the still brighter pictures of the poets.

Should all these methods fail, there remains the discovery of Mr. Gardner, the "hypnologist," now published by Dr. Binns. "Let him turn on his right side, place his head comfortably on the pillow, so that it exactly occupies the angle a line drawn from the head to the shoulders would form, and then, slightly closing his lips, take rather a full inspira-

tion, breathing as much as he possibly can through the nostrils. This, however, is not absolutely necessary, as some persons breathe always through their mouths during sleep, and rest as sound as those who do not. Having taken a full inspiration, the lungs are then to be left to their own action—that is, the respiration is neither to be accelerated nor retarded. The attention must now be fixed upon the action in which the patient is engaged. He must depict to himself that he sees the breath passing from his nostrils in a continuous stream.” The very instant he succeeds in doing this, he falls asleep!—*London Medical Gazette.*

SURGICAL OPERATIONS PERFORMED AT THE MASSACHUSETTS  
GENERAL HOSPITAL.

[Reported for the Boston Medical and Surgical Journal.]

NOVEMBER 5, 1842.—*Amputation below the Knee, for chronic Ulcer of the Leg of twenty years' standing*, by Dr. TOWNSEND.—This case was attended with peculiar difficulties, as the diseased state of the integuments of the leg, which extended to within a few inches of the knee, prevented the surgeon from obtaining as extensive a flap as could have been desired, while the advanced age of the patient (73 years) seemed to forbid amputation above the knee if this could, by any possibility, be avoided. Two other circumstances may be mentioned as somewhat unusual, viz., that the patient's leg, having been fractured near the knee some years ago, by a kick from a horse, the bones united in such close proximity to each other that the smallest catlin would not pass readily between the tibia and fibula at the point where the saw was applied, and that the arteries were in such a brittle state that they could not be drawn out by the tenaculum, and were cut through by the ligatures; they were at last secured by including in the ligature a small portion of muscular fibre.

The stump was dressed with scraped lint and straps of adhesive plaster.

*Removal by the Trephine of a Portion of the left Parietal Bone of the Cranium, for Depression*, by Dr. HAYWARD.—Patient reports that he received the injury which caused the depression 19 years ago, by being thrown from the back of an ox against a stone wall. Entire paralysis of right leg, and partial paralysis of right arm, together with loss of the power of speech, followed immediately; from this the patient did not recover for two or three months, but after that his health became good and remained so until ten years ago, when necrosis of various bones, chiefly of those of the lower extremities, made its appearance. This continued several years, during which time patient suffered much, and was confined to his bed most of the time. About six years ago had, for the first time, an attack of epilepsy, which supervened soon after the discharge caused by the necrosis ceased. Since then, these paroxysms have returned quite often, occurring usually once in six weeks in summer, and once in three weeks in winter; of late, they have returned even more frequently than this, though not with as great severity as before. Has had, ever since he can recollect, sharp pains in head, and tinnitus aurium,

headache occasionally and always after a paroxysm. Thinks that his memory is somewhat impaired, but his mind seems to be otherwise uninjured. Expression of countenance dull and peculiar; height five feet; age 27 years; some anterior curvature of spine; walks with a slight limp; whole of right side less developed than left; right hand permanently flexed, and fingers extended. Depression situated in left parietal bone four and a half inches from sagittal suture, and in a line with left ear, of a triangular shape, three fourths of an inch long, and from one fourth to half an inch in depth.

The operator commenced by making a flap composed of three sides of a square, each one and a quarter inch long, and dissecting it up from bone; the periosteum was then scraped away with scalpel to make room for the trephine, and that instrument applied without the pin. As the teeth of the saw did not take hold readily, the pin was protruded a short distance beyond, in order to fix them; this was followed by a gush of about one ounce of limpid serum from the depression. The pin was immediately withdrawn, and the sawing concluded without it; the serum, however, continued to escape throughout the operation. The cranium being much thicker in one part of the circle than another, the thinnest was necessarily penetrated first, which retarded considerably the progress of the operation. When the bone included within the trephine was removed (which was easily done as soon as it was sawn through, the dura mater not being adherent) it was found to be three fourths of an inch thick in one part, and only one eighth of an inch in another, the depressed portion of bone having united with the rest of the cranium, and thus formed a considerable protuberance, which projected directly into the brain. In the portion removed, was found a sort of canal, into which the point of the trephine penetrated, and from which the serum flowed. On examining the aperture after the bone was removed, it was found that all the depressed bone of any consequence had been taken away, and that the dura mater was uninjured. The diameter of the trephine used was one inch.

The edges of the wound were brought together by a suture, and compresses wet with cold water applied. It may be worth while to mention that, after the operation was performed, the patient stated that as soon as the water escaped he felt relieved of a peculiar sense of uneasiness under which he had labored for a long time, and which extended for several inches around the depression.

*Operation for Necrosis of the Tibia, by Dr. WARREN.*—This disease first made its appearance three years ago—the patient, a lad 14 years of age, whose health had previously been good, having at that time, after exposure to wet and cold, an abscess appear over right internal malleolus; this has never healed, but, in addition to it, several fistulous openings have appeared along the course of the tibia, the discharge from which has been quite fetid. The patient's health having been much impaired by so long continued suppuration, and the end of the necrosed portion of bone being apparent at one of the lower openings, by which the whole piece was ascertained to be loose, it was thought best to attempt its removal.

The patient, having taken fifty drops of laudanum two hours and a half before the operation commenced, was laid upon the table, and a transverse incision, three inches long, made seven and a half inches below the knee; this was followed by another at a right angle with it, which extended six inches along the anterior face of the tibia. The integuments were then dissected up, and the necrosed bone discovered lying in a deep channel or groove in the sound bone, and kept in its place by portions of new bone which had grown over it. Several portions of the newly-formed bone having been removed by the cutting forceps, attempts were made to extract the necrosed bone, but, as it was still held firmly at its upper part, the incision through the integuments was extended two inches, and all the new portions of bone which interfered with its removal having been cut away, the necrosed bone was extracted entire without difficulty, and was found to comprise about two thirds of the shaft of the bone. This is the first time that the cutting forceps have been used here for this purpose, and their place could hardly have been supplied by any other instrument without greatly protracting the operation.

As soon as the operation was concluded, the wound was dressed with dry compresses and a roller.

*Removal of Cancer of the Lip*, by Dr. TOWNSEND.—The patient, æt. 57, has had the disease in question ten months; has chewed tobacco, and smoked it in a pipe, the stem of which usually rested on the part of the lip where the disease appeared. Health in other respects good; very little uneasiness from tumor; glands not affected, and disease apparently local. The patient having been placed upon a low stool, the operator stood behind him, and having transfixed the lip below the diseased portion with a short-pointed knife, brought it up to the edge of the lip; then beginning on the other side of disease at the edge of the lip, he brought the knife down till it met the other incision, thus removing a portion of the shape of the letter V, in which was comprissd the whole of the disease.

The edges of the wound were brought together by two sutures.

*Reduction of Dislocation of the Humerus forward, under the Pectoral Muscle*, by Dr. HAYWARD.—The accident occurred three weeks ago, but as the patient was not a muscular man, reduction was attempted by manual extension, which having been steadily made for some seconds, the head of the bone moved, and the operator succeeded in bringing it into the axilla; then causing the scapula to be fixed and placing his knee in the axilla, the head of the bone returned to its place without difficulty. On moving the arm, however, it slipped out, and was again reduced and retained in its place by a roller confining left arm to trunk.

NOVEMBER 9th.—*Reduction of Dislocation at the Hip-joint*, by Dr. WARREN.—Accident occurred September 24th, in consequence of a bank of earth falling upon patient. Was seen by a physician soon after the accident, and an attempt was made to reduce it, which was thought to be successful; but as the patient found that the lameness still continued, he came to the Hospital a few days ago, when it was found that the

head of the bone was situated on the dorsum of the ilium, the limb shortened about two and a half inches, and the foot turned inward.

Patient having lain an hour in the hot-bath, was placed upon the table and the apparatus adjusted in the usual manner; extension by means of pulleys was then applied and continued for some moments, when, finding that some of the apparatus was giving way, the operator directed that the extension should be removed entirely, and grasping the limb by the ankle, so as to use its whole length for a lever, bent it forcibly upward, till the upper part of the thigh touched the abdomen, and then carried it outward and downward, an assistant in the mean time firmly holding the pelvis. This motion having been repeated several times, the head of the bone was observed to start from its new attachments, and extension being resumed the limb came down considerably. At this moment the limb being strongly rotated outward, the head of the bone was brought upon the edge of the socket, so that when extension was a third time applied it went in with a slight snap. Patient was bled during the operation  $\S$  xxx., and took R. Ant. tart., gr. ij.

NOVEMBER 12th.—*Operation for Double Hare-lip*, by Dr. HAYWARD.—The patient was a healthy infant,  $\text{\ae t.}$  six weeks. The fissures extended through the palatine bones of each side, the portion of the upper jaw situated between the two fissures containing two incisor teeth and projecting directly forward, so as to form a very unsightly tumor.

The lip having been freed from its attachment to the jaw, the projecting portion of bone was cut through by the forceps and removed; the edges were pared with scissors, and a steel pin passed through the edge of the left portion of the lip in the usual manner, carried forward so as to transfix the central portion, and passed through the edge of the right portion; another pin was then passed in a similar manner above this, and both secured by ligatures in the form of figure 8. Over these were placed the usual dressings for hare-lip, consisting of straps of adhesive plaster, connected by threads.

*Operation for an Encysted Tumor*, by Dr. HAYWARD.—Patient is a healthy young man, 17 years of age. About ten months ago, perceived, for the first time, a small tumor half way between angle of jaw and thyroid cartilage; this continued to increase up to time of operation, when it was as large as a hen's egg.

An incision, two inches long, was made across tumor from left to right, and dissection continued till sac was discovered and a considerable portion of it laid bare. It was then cut open, and about  $\S$  iss. of thick, albuminous fluid evacuated. Nearly two thirds of parietes of sac were then removed, and wound dressed with scraped lint. No arteries were divided which required ligatures.

*Removal of left Testicle*, by Dr. TOWNSEND.—Four years ago, right testicle of same patient was removed by Dr. Townsend, for what was apparently the same disease, and patient thinks that left testicle has never been quite well since, though it did not cause him any inconvenience till March last, when he took cold and testicle began to swell. Two weeks ago had a discharge of pus from it, which still continues. Now testicle is

much enlarged, integuments thicker, harder, and of a darker color than natural.

Two elliptical incisions were made, beginning just above where the cord emerges, including a portion of integuments six inches long by two and a half wide, and dissection continued till the cord was displayed; the testicle was then freed from its attachments, and cord divided. Ligatures were applied to the spermatic artery and one other at the cord, and to the artery of the septum. Edges of wound were brought together by three interrupted sutures, and cold-water dressings applied. On examining testicle, it was found to be almost wholly disorganized, and presented the usual characteristics of scrofulous disease.

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SURGICAL CASES PRESENTED AT THE ALBANY MEDICAL COLLEGE, FOR SESSION 1842-3.

[Communicated for the Boston Medical and Surgical Journal.]

*Dr. March's Surgical and Medical Clinique, November 12, 1842.—*

1. Miss M. C., aged 15, of Greenbush. This was the case of necrosis of the tibia, presented at the last clinique. The ulcer communicating with the diseased bone was found to be in a state of healthy granulation. The black wash was applied, and the ulcer dressed with lint and a roller.

2. Mr. J. R., aged 40. Sub-luxation of the humero-scapular articulation, the result of a fall. The reduction was effected in the presence of the class.

3. T. T., aged 16, upon whom the operation for the extirpation of a non-malignant melanotic tumor of the right eye was performed at the last clinique. On examination, it was found that the wound was in a healthy condition, and progressing very favorably towards a cure. Lime water was applied, and the wound dressed with lint and a bandage.

4. Mrs. G., aged 34, of Amsterdam, Montgomery Co. An immense adipose tumor of eight years' standing, occupied a situation directly over the deltoid muscle of the left shoulder. The tumor was of an oval form, and from its apex arose a smaller tumor about the size of a large walnut. The removal of this deformity was accomplished by making two semi-elliptical incisions, embracing the smaller projection and a part of the integuments, and then detaching the tumor from its connections. The wound was then dressed with adhesive straps, compress and roller.

Mr. I. G., aged 19, of Guilderland. This was a case of angular distortion of the spine, caused by falling upon the edge of a sleigh, three years ago. A sinuous ulcer presented on the left side of the spine, extending some distance under the muscles. Stimulating injections, bandaging and rest were prescribed.

6. I. B., aged 16. Fracture of the metacarpal bone of the little finger of the right hand, of three weeks' standing.

7. S. E. C., aged 9. This case was presented for the purpose of showing the results of an operation performed at a previous clinique, for contraction of the fingers of the right hand. The cure is completed, and the little patient is in possession of a good and useful hand.

8. A child of Mr. McD., aged 18 months, with a large *nævus* maternus situated between the eyes. It was removed, and the wound closed by suture.

9. J. J., aged 5 years. Injury of the right hip, arising from a fall received ten days ago. The little patient was ordered to be kept at rest.

10. F. G., aged 16 years. This was a case of *coxalgia* of the left hip, of twelve years' standing.

11. P. S., aged 19. This patient was taken ill last August with typhoid fever. At the close of the disease a portion of the right cheek sloughed away, leaving an ulcer about one inch in diameter, and through which a portion of the superior maxillary bone came away. The operation for the removal of this deformity was deferred to next Saturday.

12. I. P., aged 8, with enlarged tonsils, which were removed. J. R.

#### VINDICATION OF THE CLAIMS OF HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

To J. A. Allen, M.D., Middlebury, Vt.

SIR,—A medical communication from you, published in the "Boston Medical and Surgical Journal" of November 9, requires, in some parts of it, a passing notice. I take the same liberty to respond, as you did in making the assertions embodied in your piece. I am willing to give you credit for many good ideas in your article on the mischief of many pretended, ignorant practitioners. From such sources we may expect mal-practice. But on the other hand, you cannot be justified, nor any one else, in making such a sweeping statement as you have in the following language, viz. "Upon the subject of disease, the mass of mankind neglect to exercise their reason. They seem to forget that this noble principle, emanating from Deity, is implanted in us to guide us through the storms and calms of life, and is intended also to guard with scrupulous care the *ship* in which we sail. On this account it is, that the most absurd systems and false principles upon this subject are often received and even lauded by the people. To this class belong *homœopathy*, *hydropathy*, *Mesmerism*, *Thomsonianism*, &c. Each of these being contrary to the nature of things, contrary to our own observation, and common sense, it would seem they need only to be mentioned to be rejected. But there is a mystery, an unknown something, that invites and enchains credence without the use of intellection. Hence the extensive and mischievous consequences of these popular delusions."

In giving my opinion upon the foregoing declaration and uncalled-for assertions, it is calculated to be candid, plain, and to "exercise reason." In opposing *Thomsonianism*, Sir, you have blended four different subjects together, and wished to convey the idea that "*each*" one of the class is equally as "absurd and false" as the other. The case which you relate was previously attended by a Thomsonian practitioner; then why introduce the other three systems, which had nothing to do with it? Perhaps it might be, to save time, you thought you

would kill four monsters with one stone, or if you succeeded in prostrating Thomsonianism, you calculated, *a priori*, that the others would easily succumb to your will. For my own part, I do not know, *practically*, enough of hydropathy, Mesmerism nor Thomsonianism, to speak *decidedly* either for or against them; each one has its particular favorites; and they *alone* are responsible for all the *evil* which is effected by them. Let the people who really countenance them be the judges.

As it respects *homœopathy*, Sir, you was quite unfortunate in grouping this with the others. I judge, from your remarks, that you are wholly unacquainted with the *practical* part of this system. No doubt you may have cursorily read on this subject, but without you have had *actual* experience, you are totally incompetent to tell anything about it. Many, very many err from this same cause, and say that homœopathy is all the work of the imagination. But it is *no such thing*—it is no *chimera*—no *fiction*. The basis of its theory is correct, its principles sound, and its operations and results are generally good and efficient. This being the undeniable *fact*, how unjust to suppose that it can be “absurd in its system, and false in its principles.” If your ideas are correct, it is very singular that its converts should not have “*reason*” enough to know the depth of their own folly! How can it be accounted for that the homœopathic practice is more successful than the allopathic? If it be all “*humbug*,” why does it succeed *at all*, in many acute and even severe cases? So far, I have been able to manage all my acute cases much easier homœopathically, than I ever could allopathically, which I practised over twenty years with usual success. You say, Sir, that “it is contrary to the nature of things;” if it be so, I have found it to operate extremely well from my own experience and observation, and was not aware but that I enjoyed my “*reason*” and “*common sense*,” at the same time. For I do not consider that when my patients get well quickly, and do not relapse, it would be proper to deplore “the extensive and mischievous consequences of this popular delusion.” If this be “*delusion*,” what constitutes “*reason*” and “*common sense*?” It ought to be the main aim of the physician to cure—and the more expeditious he is in accomplishing the result, so much the better. And can you testify, sincerely and honorably, that homœopathic physicians do lose as many patients as the allopathists do? It is certain that they do *not* all die under this treatment. Now what is it that enables any one to *recover*, after being very dangerously sick? And as it happens sometimes, the homœopathic physicians do cure those who have been pronounced incurable by the allopathists. This seems marvellous, “where the consequences are *mischievous* and extensive”—the “*system absurd*, and its principles *false*”—a “*popular delusion*.” Yes, it is passing strange, that a “*ship*” can be made to sail through a storm successfully, and *guided* only “by mystery,” and by “an unknown something.”

It cannot be denied, Sir, that physicians have condemned homœopathy without a trial—from prejudice alone. Is this just? is it honorable? is it honest? No one who is just, honorable and honest, can answer in the affirmative. Now homœopathic physicians tell them, on the same principle of expecting to be *believed*, that such and such homœopathic

medicines induce such and such effects—but what is the consequence? Do they use fairness, and believe what is told them? No; they at once say, *it is impossible; it is false; it is a humbug*. And this is said, too, without a trial of the medicines. Reference is made by our opponents to the trial of the medicines by Andral, at Paris, a few years since. Homœopaths have always denied the fairness of that trial. It was unjust, dishonorable and prejudiced, got up for the express purpose of attempting to put down homœopathy; but fortunately it was so prejudiced and barefaced that no really reflecting physician could put the least confidence in the so-called results; and, worse than all, it was based on *ignorance*; for can it be supposed that even Andral, with his truly giant and philosophic mind, could be able, with a little light reading snatched up during the intervals of an arduous allopathic practice, to appreciate and calculate the effects of homœopathic medicines on disease, and much less to know how to classify the symptoms and give the correct remedy? There is contradiction on the very face of it. Homœopathic practice is not so simple and childlike, and he who comes to the practice of it with such views must necessarily fail. His trial, therefore, amounts to nothing at all; it was even dishonest, for at the very same time that he was giving his report to the Academy on the subject, one of his patients, whom he had abandoned as *incurable*, was in the process of being cured and restored to health by a proper homœopathic practitioner.

One thing highly in the favor of homœopathy is, that no one, who has taken up the subject seriously, with an impartial, unprejudiced desire to investigate it and practise it, has ever found cause to lay it aside; but facts have multiplied on him, and his *faith* has been strengthened more and more.—See *Jahr's Homœopathic Pharmacopœia and Posology*.

Enough for the present—and in concluding, I would merely observe, I wish you success “through the storms and calms of life;” and never forget to be guided by that “noble principle,” “*reason*,” and be assured the homœopathic *ship* will sail through all opposition before it will “be rejected.”

R. CAPEN.

*Boston, November 11, 1842.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 23, 1842.

### NEW MEDICAL BOOKS.

*Obstetric Catechism*.—JOSEPH WARRINGTON, M.D., of Philadelphia, well known for his attainments in obstetric medicine, is the author of a duodecimo volume of 350 pages, of questions and answers on the whole subject of midwifery. As a general thing, books written in this way are not very successful: there is too much of unimportant matter. In this, however, there seems to be just about enough of everything, and no more. Every kind of question is asked, so that, apparently, nothing has been

forgotten; and the answers are those of a competent instructor. Dr. Warrington is an economist of time—and the discovery of that fact alone, has prepossessed us in his favor. In the prefatory address to his pupils, is the following expression, viz.—“I have written out the matter now presented to you, during the *minutes*, not the hours, of my leisure; and therefore lay no claim to great precision in the language I have used.”

Perhaps more should be said in praise of the undertaking. Those who procure a copy will certainly like it, and this is speaking very decidedly in its favor. We invite criticism upon the Catechism from those who take a more particular interest in the progress of that department of medicine.

*Stokes & Bell's Practice.*—A second edition of this work, of established reputation, is sent out from the press of Messrs. Barrington & Haswell, Philadelphia. No change in the mind of the medical public, touching the worth of this very celebrated series of medical lectures, has been wrought by the advent of later publications on the same subjects. It is just as popular as ever, and we believe, at this moment, is exerting a far more extensive influence than was ever predicted by the warmest personal friends of the two learned authors.

There is certainly evidence of increasing energy on the part of medical publishers, of late, which presupposes an increased demand for books. That the profession is prodigiously on the increase, no one will presume to question who looks over as many catalogues as ourselves in the course of a year. An intelligent profession is made so by unceasing application to study: the multiplication, therefore, of good medical books is the wish, we trust, of us all.

*Wilson's Human Anatomy.*—Ever since seeing an English copy of this first-rate system of anatomy, we have had a strong desire to have it reprinted here. To our extreme gratification, a specimen of an American edition, from the accurate and truly active publishing house of Lea & Blanchard, Philadelphia, is now before us. Without the finishing touches of Dr. Paul B. Goddard, Demonstrator of Anatomy in the University of Pennsylvania, it was an almost unexceptionable book. It is so popular in England, that it went to a second edition in London last January. It is there called Wilson's Anatomist's Vade Mecum. Its new title-page is an improvement, as it respects taste; and besides, there are so many imperfect little things abroad, making great pretensions, under the cognomen of vade mecum, that in this country, had not the change in name been made, its real merits would have been lost sight of.

By extracting the following paragraph from the preface, the reader will understand precisely what Dr. Goddard has done to enhance the value of this edition for American anatomists, above the two that have preceded it abroad. “In some points its author had not described parts and structures with sufficient accuracy, and had evidently neglected the contributions to the science from this side the water. These deficiencies I have endeavored to supply by notes and additional illustrations. Some few alterations of names have been made in the body of the work, where the author's names were too English, and not in common use in the United States.”

A richer volume, as it respects paper, type and general finish, has not appeared here for some time. There are one hundred and seventy beautiful illustrations, as true to nature as it seems possible to represent dissections. Then, again, it is a large-sized octavo, containing 576 com-

tract pages. Medical students should provide themselves with this useful anatomical guide, and take it with them both to the lecture room and to the dissecting table. Copies are on sale in Boston, at Mr. Ticknor's, Washington street.

*The London Dissector.*—This is expressly for students. A revised edition is just from the press of Barrington & Haswell, Philadelphia, revised and corrected by E. J. Chaisty, late Demonstrator of Anatomy in the University of Maryland. This is one of those necessary guides in the study of practical anatomy, which are almost indispensable. Although there are several of these dissecting-room companions, there is not one in the whole catalogue that wears better, from its intrinsic value, than the old London Dissector. With the improvements of this excellent edition, carefully revised, it will prove a very economical as well as certain assistant; and it therefore commends itself to the student. And it may be well to remind those who occasionally make a post-mortem examination, that this is a very proper book of reference. Copies are on sale in the city, at a price so reasonable that we apprehend no one can object to it.

*The Dublin Practice of Midwifery.*—Wm. A. Le Blanc, of New York, has sent forth an edition of this useful manual, with notes and additions by C. R. Gilman, M.D., Professor of Obstetrics, &c., in the College of Physicians and Surgeons of that city. It certainly presents a very lucid and orderly view of the whole ground; it met with the decided approbation of Dr. Gilman, in the first place, whom we regard as good authority, and its value has been greatly enhanced by modifications and additions which he has made. This and Dr. Warrington's Catechism are both acceptable additions to our libraries, and for students, especially while attending lectures, altogether superior to some larger works, from the circumstance of containing much in a little space.

*Quarterly Summary—Philadelphia College of Physicians.*—The Transactions of August, September and October, in a stitched pamphlet, are published. The first paper, a history of a case of aneurismal sac formed within the cranium, by Dr. Dudley, of Lexington, Ky., is an extraordinary affair, and illustrates the progress of American surgery, and the skill of American operators. Dr. Mitchell's paper is tedious: the intention was good, but too much power was expended on a miserable matter—Mesmerism. The members seem to have got tired before it was over—and so were we, long before arriving at the end.—Such is the high character of these papers, in general, and they appear, too, with so much promptitude, that medical gentlemen throughout the country would be gainers by ordering the series regularly—the cost being only about one dollar a year.

*Anonymous Advocates of Homœopathy.*—Two weeks ago, in remarking upon a communication on homœopathy, we spoke of the impossibility of pleasing every body in treating on that topic. If we write ourselves, then in comes a flood of anonymous letters, making bitter complaint of unfairness, prejudice against medical light, homœopathic light, and almost all other kinds of radicalism of the times, falsely called light, and most of which is really as unimportant and obscure as lard light. If an article is admitted by one of its professed advocates, then another set of watchmen cry out an alarm from the ramparts. We are open to conviction, but cannot be driven. The writer of an anonymous letter, post-

marked near Boston, evidently wants to be persecuted. If, by hook or by crook, he could only get into a quarrel with an old-fashioned allopathist, his fortune would be made. Others are in the same condition—all ready to take the world by storm, if any one would have the kindness to give them a kick. We have no disposition to deal otherwise than fairly and honorably, allowing homœopaths to be heard reasonably, briefly, and in their turn, in our pages; but because, forsooth, some individuals are not allowed to man the ship, and navigate it, too, we are accused of being prejudiced. If this accusation were true, we might perhaps ask, as an apology, who would not be so after a few such exhibitions of courtesy from writers who fire from behind a wall? If this Journal is to be used by nameless aspirants for homœopathic fame, in the same way that the cat's paws were in the fable, we should much prefer that gentlemen, and not monkeys, should receive the benefit.

*Instant Death from Laudanum* [?].—A young writer has lately thus perished. Attacked by a slight indisposition, he was directed by a physician to apply a cataplasm to the stomach. To alleviate his pain he poured, instead of three or four drops, the whole bottle into the cataplasm, and went to sleep. He died in a few minutes.—*Jour. de Chimie.*

*Squinting.*—Results of the Operation for Strabismus in a Hundred Patients, by Mr. Estlin, Surgeon to the Eye Dispensary, Bristol. Out of 100 operations 65 were "perfect or satisfactory;" 9 satisfactory, but without late report; 7 improved, but requiring operation on the other eye; 4 not improved, &c.; 5 improved, but unfavorable cases; 5 much improved; 3 slightly improved; 2 no improvement.—*London Lancet.*

**MARRIED.**—At East Randolph, Walter Carpenter, M.D., to Mrs. Mary Ann B. Throop, both of E. R.—At Bangor, Dr. Benj. F. Abbott, of Boston, to Miss Ann B., eldest daughter of Nathan B. Wiggin, Esq., of Bangor.—At Weyerton, Md., Dr. C. C. Sams, of Hillsboro', Ohio, to Miss C. D. Wever.

**DIED.**—In South Woodstock, Vt., Stephen Drew, M.D., aged 77.

Number of deaths in Boston for the week ending Nov. 19, 38.—Males, 20; Females, 18. Stillborn, 3. Of consumption, 3—flu, 1—disease of the heart, 1—smallpox, 1—disease of the brain, 1—cholera morbus, 1—throat distemper, 1—lung fever, 2—teething, 1—mortification, 1—insane, 1—liver complaint, 1—rupture of bloodvessel, 1—gravel, 1—canker, 1—croup, 3—infantile, 4—scarlet fever, 1—erysipelas, 1—inflammation of the lungs, 1—dropsy in the head, 2—child-bed, 1—inflammation of the bowels, 2—dropsy, 1—palpitation of the heart, 1—dropsy on the brain, 1—typhus fever, 1.

#### MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 20th day of February, 1843.

|                                   |       |   |
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| Anatomy and Surgery, by           | - - - | EDMUND R. PEABLEE, M.D., of Dart. Coll. |
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Brunswick, Nov., 1842.

N. 23.—Steew

PARKER CLEVELAND,  
Secretary.

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Chelsea, September, 1841.

Sep. 8—eoptf.

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